

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-13-2006 90059 027 ***150.00

DOCUMENT # P05000148815

1. Entity Name
PANETTA'S DELICATESSEN, INC.



Principal Place of Business
**1520 LAKEVIEW DRIVE
SEBRING, FL 33870**

Mailing Address
**1520 LAKEVIEW DRIVE
SEBRING, FL 33870**

66008133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3779275

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LECONEY, SCOTT R
425 SOUTH COMMERCE DRIVE
SEBRING, FL 33870**

7. Name and Address of New Registered Agent

Name **MICHAEL PANETTA**

Street Address (P.O. Box Number is Not Acceptable)

1520 LAKEVIEW DRIVE

City **SEBRING**

FL

Zip Code
33870

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Diane Panetta

(NOTE: Registered Agent signature required when reinstating)

3/06/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PANETTA, MICHAEL**
STREET ADDRESS **1520 LAKEVIEW DRIVE**
CITY- ST- ZIP **SEBRING, FL 33870**

TITLE **D** ☐ Delete
NAME **PANETTA, DIANE**
STREET ADDRESS **1520 LAKEVIEW DRIVE**
CITY- ST- ZIP **SEBRING, FL 33870**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane Panetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/06

DATE

863-382-2330

DAYTIME PHONE